

# **Special Populations and Their Use of Medicare Information—Final Report**

## **Executive Summary**

**This paper synthesizes monitoring and evaluation data about the National Medicare Education Program (NMEP) and the Regional Education about Choices in Health (REACH) program as they pertain to special populations. The primary issues are which sub-populations among Medicare beneficiaries need special attention in order to achieve the objective of “informed choice”, what targeting was actually done to these sub-populations, what kind of information they are getting, from whom, and which approaches may be most promising for meeting unmet needs.**

### **Principle Findings**

**The principle findings are:**

- CMS’s REACH efforts reflect an evolving mission and a maturing approach towards special populations. In our CY2000 REACH monitoring activities, we observed more active partnering and collaboration with community organizations to reach special populations.**
- Though it is still early in the experience of the NMEP, and in spite of REACH efforts to give priority to special population needs, our site monitoring indicates that little attention is being directed by local information suppliers to special population information needs.**
- Some identifiable sub-populations (or segments) of Medicare beneficiaries differ in the way they use Medicare information and the way they respond to the NMEP activities.**
- There do appear to be unmet information needs among some sub-populations of beneficiaries.**

**Attending to the information needs of sub-populations is very much a local matter, where unmet needs can be identified, solutions fashioned and implemented, and where local partners can be engaged to help. Some evidence does exist of systematic (i.e. national) unmet needs for information for identifiable sub-populations, particularly for persons with urgent situational needs for information. But for chronically vulnerable sub-populations (like minorities, the poor, and those living alone) the evidence of unmet needs and restricted access to information sources is less systematic and may be subject**

to wide local variations — in such cases, national partnering and collateral development activities are of limited help. We find, however, that local information suppliers are, for the most part, not yet engaged to meet such special population needs, nor equipped to do so. It is encouraging to note that REACH monitoring has identified interest in several locations of concerted coalition building activities as an intensive way for making connections and providing information to sub-populations with special needs.

### **Special Population Segments**

There is still a lack of consistency in thinking about special priority populations: who they are, what it means to be ‘special’, and what to do differently in trying to achieve consistently high levels of informed choice across Medicare sub-populations. This lack of consistency in strategy is evident in the literature, in REACH planning and strategy materials, and in the work of information suppliers in the six sites we have been monitoring. To be sure, the strategy of REACH was to allow regions the flexibility to identify the special population needs and solutions, rather than imposing a programmatic view. But, the lack of an agreed upon framework for thinking about the types of special information needs for particular sub-populations contributes to inconsistencies in strategy about special needs at the local level.

Based on the general difficulty of getting to a consistent view of special populations, a new framework, one that includes four ‘special’ kinds of segments within beneficiary populations in every locality, may be warranted. We define these segments and their special information needs here, and summarize some of our results for each of these segments.

**Communication Difficulty Segments** — those persons who have difficulties communicating and using channels and messages designed for the majority of beneficiaries because they are culturally isolated and hard to reach, or because they have language barriers. This segment includes rural, non-English speakers, institutionalized beneficiaries, and others with cognitive impairments. Little is known from the literature or from the survey data about the special information needs of these kinds of sub-populations. While rural persons are lower users of covered services, there is nothing explicit in the literature to suggest that they suffer information deficits, nor is there evidence that they, or linguistic challenged sub-groups, are making poor choices or suffering in other ways from Medicare information deficits. While translated materials are becoming more available in local sites and at events, simply translating materials into other languages is likely to be inadequate in addressing the problems of linguistic minorities. Most community organizations and information suppliers in the sites we monitored do not have staff or resources to adequately address the needs of such groups, especially when language barriers exist. CMS’s support is important in meeting suppliers’ needs for providing information (materials, training, media).

**Situational Segments** — those beneficiaries who experience urgent, situational needs for information about Medicare. According to our survey findings and site monitoring reports, beneficiaries have a greater likelihood to search for information associated with occurrences of physician withdrawal from a managed care plan, a managed care plan’s withdrawal from Medicare, and change in health benefits.

One or more of these events occurred in CY 2000 for about 25 percent of the beneficiaries in our sites. These situations raise the annual likelihood of a beneficiary using information about Medicare about 9 to 14 percentage points, a relatively large effect. Other kinds of events that could create “situations” in the lives of beneficiaries were also generally found to increase information utilization. These “life events” occur for about 36 percent of beneficiaries in a year, and include: death of a spouse (no evidence of increase demand for information from this group), worsening of health status, and personal financial difficulty.

**Socially Vulnerable Segments** — those beneficiaries who belong to a population group that may be chronically vulnerable to the choices and complexities of Medicare itself — because they have limited means, inadequate education, or other issues. These groups include the very old and frail, the poorly educated, the poor, those in poor health, minorities, and persons who live alone, or are disabled.

We find that minorities and other socio-economically vulnerable groups are clearly less satisfied with their stock of information about Medicare, and are less knowledgeable about Medicare than other groups — and they experience choice difficulties and access problems for services. There are consistent suggestions from the literature that the very oldest beneficiaries, the poor, the poorly educated, those in poor health, and persons without supplemental insurance have problems coping with Medicare (access, satisfaction, choice difficulties).

Information usage by these groups is not uniform. Disabled beneficiaries tend to use information about Medicare more often, while the poorly educated, and the older beneficiaries, tending to use information less often than other beneficiaries. There is also evidence that the “other” minority group (including Asians, and some native Americans) tend to use information more often than other beneficiaries, and some indication that live alone beneficiaries less frequently use information sources (other than the handbook). Use by other vulnerable groups (African/Hispanic Americans, those in poor health) does not appear to be lower than other beneficiary groups.

Disabled beneficiaries are clearly special. They appear to be vulnerable to more urgent situational risks that might prompt needs for information, to be among the least satisfied with their information situation, and they certainly use information more frequently.

**Special Opportunity Segments** — some beneficiary groups may represent special opportunities for CMS to reach portions of the Medicare population in special ways or with high leverage (e.g., new enrollees, persons covered with insurance by large employers). New enrollees — those enrollees who are exactly 65 years of age — tend to know less about Medicare than other beneficiaries, are more satisfied with the information they have about Medicare and consistently search for information at rates much higher than other age groups. For the year 2000, for example, approximately 77 percent of new enrollees in our sites sought Medicare information, compared to 66 percent for all enrollees. New enrollees are more than twice as likely as other beneficiaries to use the Internet and counselors to find Medicare information, and appear more likely to use help-lines and the handbook as well. Some REACH partnering work with employer groups may be a promising approach to reach some of these persons, but the situation faced by many other “new” enrollees is not good. In depth interviews suggest that their information about Medicare and about sources of information is very limited, and their choice decision-making was not very analytical.

#### **Medicare Information Suppliers and Special Populations**

Three years into the NMEP campaign, the content and format of NMEP materials and activities continue to focus principally on the general Medicare population and disenrollees, with some translated materials. While this information appears to be widely available and distributed, information for special populations continues to be limited. Distribution is increasing at the six monitored sites, among interviewed partners, and materials and resources are more evident in observed REACH activities and events. While impacts on beneficiaries are still difficult to detect, there does appear to be an increase in awareness and materials among information suppliers who are on the front lines in dealing with special population beneficiaries.

Special populations are not yet a primary focus of local information suppliers. Most organizations in the sites we monitored do not have a systematic approach or strategy for targeting special populations. Most local suppliers identified special population priorities based on Regional Office (RO) suggestions or local anecdote, and provided information to these sub-populations on a demand-response or incidental basis. While there is some evidence that *awareness* of the needs of special populations is increasing at the regional, state and local levels, noticeable efforts to address their information needs, to collaborate with community organizations serving special populations or to develop a sustainable Medicare information infrastructure for these sub-groups is limited. Addressing these needs is difficult, time consuming, and interpersonally challenging — and most organizations at the state and local levels are unaware of and ill equipped to address them.

## **Findings Pertaining to Partnering**

**Information providers who are attempting to serve special populations emphasized the importance of making connection with and working through community-based organizations that serve these populations, and encouraging these organizations to provide outreach and information through established and trusted networks in these communities. Partnering activities we studied as part of REACH 2000 also suggest that the ROs (and the REACH planning activities at the national level) are becoming more aware of the value of using local coalitions of non profit organizations to better reach some special populations, particularly the Hispanic and Asian Pacific Islander populations.**